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Complete if Known Substitute for form 1449A/B/PTO Application Number 10/695644-Conf. #4077 **INFORMATION DISCLOSURE** October 29, 2003 Filing Date STATEMENT BY APPLICANT First Named Inventor David S. GARVEY Art Unit 1625 (Use as many sheets as necessary) Examiner Name C. Aulakh 0102258.00133US2 Sheet 1 1 Attorney Docket Number

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY		Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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FOREIGN PATENT DOCUMENTS						
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		Country Code <sup>2</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	Date MM-DD-YYYY			T⁵
7 A	ВА	WO-00/49993	08-31-2000	NitroMed, Inc.		1
CA	BB	WO-00/51978	09-08-2000	NitroMed, Inc.		1
CA	BC	WO-00/67754	11-16-2000	NitroMed, Inc.		1

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